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APPLICANTS Gregory J. Linden, Shorewood, MN; Kenneth M. Riff, Orono, MN;				
** CONTINUING DATA ***** This appln claims benefit of 60/227,164 08/22/2000 O.K. DBC				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/24/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 24
Allowance Examiner's Signature <i>Dale K. Schaefer</i> Initials <i>DBC</i>		INDEPENDENT CLAIMS 9		
ADDRESS 27581				
TITLE Medical device systems implemented network system for remote patient management				
FILING FEE RECEIVED 1392	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	